## Case 19-61565-sms Doc 30 Filed 11/10/20 Entered 11/10/20 11:25:13 Desc Main Document Page 1 of 35

| Fill in this information to identify your case: |                           |             |                             |  |  |  |
|---|---------------------------|-------------|-----------------------------|--|--|--|
| Debtor 1  | Tequilla                  | Laquan      | Hanks                       |  |  |  |
|   | First Name                | Middle Name | Last Name                   |  |  |  |
| Debtor 2  |                           |             |                             |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                   |  |  |  |
| United States E                                 | sankruptcy Court for the: | Northern    | District of Georgia (State) |  |  |  |
| Case number                                     | 19-61565                  |             | (State)                     |  |  |  |



Check if this is an amended filing

### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information Amended 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|   | <b>Your assets</b><br>Value of what you own |
|---|---|
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$11,743.00                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$11,743.00                                 |
| Part 2: Summarize Your Liabilities  |   |
|   | <b>Your liabilities</b><br>Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule | D \$21,586.00                               |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                         | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$16,102.50                                 |
| Your total liabilit   | \$37,688.50                                 |
| Part 3: Summarize Your Income and Expenses  |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I   | \$1,644.54                                  |
| 5. Schedule J: Your Expenses (Official Form 106J)   | \$1,637.00                                  |

#### Page 2 of 35 Document

Debtor 1 Tequilla Hanks Laguan Case number (if known) 19-61565 First Name Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  $\square$ 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$0.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$7,026.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 9g. Total. Add lines 9a through 9f.



\$7,026.00

Official Form 106Sum

Doc ID: c6927d0651cba778b13f0e4c0ce7bda74baa855c

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| Fill in this information to identify your case: |                           |             |                             |  |  |  |
|---|---------------------------|-------------|-----------------------------|--|--|--|
| Debtor 1  | Tequilla                  | Laquan      | Hanks                       |  |  |  |
|   | First Name                | Middle Name | Last Name                   |  |  |  |
| Debtor 2  |                           |             |                             |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                   |  |  |  |
| United States E                                 | sankruptcy Court for the: | Northern    | District of Georgia (State) |  |  |  |
| Case number<br>(If known)                       | 19-61565                  |             | (State)                     |  |  |  |



Official Form 106A/B

Check if this is an amended filing

12/15

#### Schedule A/B: Property - Amended

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1: 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2 I✓I Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 1.1 Single-family home Street address, if available, or other description Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Number Street Describe the nature of your ownership Investment property interest (such as fee simple, tenancy by Timeshare the entireties, or a life estate), if known. City State Zip Code Check if this is community property Who has an interest in the property? Check (see instructions) one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 1.2 Single-family home Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land Number Street Describe the nature of your ownership Investment property interest (such as fee simple, tenancy by Timeshare the entireties, or a life estate), if known. City State Zip Code Other Check if this is community property Who has an interest in the property? Check (see instructions) Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

| Debtor 1    |  | Laquan<br>Middle Norse | Hanks   | Case number       | (if known) <u>19-61565</u>   |   |
|-------------|--|------------------------|---|-------------------|--|---|
|             | First Name   | Middle Name            | Last Name   |                   |  |   |
| 1.3         | et address, if available, or c                             |                        | What is the property? Check all that a  Single-family home  Duplex or multi-unit building   | pply.             | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.   |
|             |  |                        | Condominium or cooperative  Manufactured or mobile home   |                   | Current value of the entire property?                                    | Current value of the portion you own?   |
| Nun<br>City | nber Street<br>State                                       | Zip Code               | Land Investment property Timeshare Other  | _                 | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by   |
|             | 4  |                        | Who has an interest in the property?  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and ano | ther              | Check if this is co<br>(see instructions)                                | mmunity property  |
|             |  |                        | Other information you wish to add a<br>property identification number:  | bout this item,   | such as local  |   |
|             | the dollar value of the pove attached for Part 1. W        | /rite that number h    | · ·   | ding any entries  | s for pages  |   |
|             | Describe Your Vehicl                                       |                        | t in any vehicles, whether they are r   | egistered or no   | t? Include any vehicles  |   |
| ľ           | ns, trucks, tractors, sport u                              |                        | also report it on Schedule G: Executory cycles  | y Contracts and l | Jnexpired Leases.  |   |
| 3.1         | Make<br>Model:<br>Year:                                    | Toyota Corolla 2017    | Who has an interest in the propone.  Debtor 1 only  | erty? Check       | the amount of any secu   | claims or exemptions. Put tred claims on <i>Schedule D:</i> nims Secured by Property. |
|             | Approximate mileage: Other information: 2017 Toyta Corolla | 88000                  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and  |                   | Current value of the entire property? \$8725.00                          | Current value of the portion you own?<br>\$8725.00                                    |
|             |  |                        | Check if this is community prinstructions)  | property (see     |  |   |
| 3.2         | Make<br>Model:<br>Year:                                    |                        | Who has an interest in the propone.  Debtor 1 only  | erty? Check       | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> nims Secured by Property. |
|             | Approximate mileage:  Other information:                   |                        | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and  | d another         | Current value of the entire property?                                    | Current value of the portion you own?   |
|             |  |                        | Check if this is community prinstructions)  | property (see     |  |   |

|             | Tequilla   | Laquan      | Hanks  | Case number  | r <i>(if known</i> ) 19-61565  |   |
|-------------|--|-------------|--|--|--|---|
|             | First Name   | Middle Name | Last Name  |  |  |   |
| 3.3         | Make<br>Model:<br>Year:  |             | Who has an interest in the propone.  Debtor 1 only   | perty? Check   | the amount of any secu   | claims or exemptions. Put<br>red claims on <i>Schedule D</i><br>ims Secured by Property.  |
|             | Approximate mileage:   |             |  |  |  | , , ,   |
|             | Other information:   |             | Debtor 2 only Debtor 1 and Debtor 2 only   |  | Current value of the entire property?  | Current value of the portion you own?   |
|             | Other information.   |             | ¬ 🗀  | and an arthur  |  | · · ·   |
|             |  |             | At least one of the debtors an   |  |  |   |
|             |  |             | Check if this is community instructions)   | property (see  |  |   |
| 3.4         | Make   |             | Who has an interest in the prop  | perty? Check   |  | claims or exemptions. Put   |
|             | Model:<br>Year:  |             | one.   |  | •  | red claims on Schedule D<br>ims Secured by Property.  |
|             | Approximate mileage:   |             | Debtor 1 only  |  |  |   |
|             |  |             | Debtor 2 only  |  | Current value of the   | Current value of the  |
|             | Other information:   |             | Debtor 1 and Debtor 2 only   |  | entire property?   | portion you own?  |
|             |  |             | At least one of the debtors an   | nd another   |  |   |
|             |  |             | Check if this is community instructions)   | property (see  |  |   |
| Exar        | mples: Boats, trailers, motor<br>No  | ·           | er recreational vehicles, other veh<br>t, fishing vessels, snowmobiles, mot  | •  |  |   |
| Exar        | nples: Boats, trailers, motor<br>No<br>Yes   | ·           | er recreational vehicles, other veh  | •  | es   |   |
| Exar        | mples: Boats, trailers, motor<br>No<br>Yes<br>Make   | ·           | er recreational vehicles, other veh<br>t, fishing vessels, snowmobiles, mot<br>Who has an interest in the pro  | orcycle accessorie                                     | Do not deduct secured  | claims or exemptions. Put   |
| Exar        | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:   | ·           | er recreational vehicles, other vehit, fishing vessels, snowmobiles, mot<br>Who has an interest in the propone.  | orcycle accessorie                                     | Do not deduct secured the amount of any secu   | red claims on Schedule D  |
| Exar        | mples: Boats, trailers, motor<br>No<br>Yes<br>Make   | ·           | who has an interest in the propone.  Debtor 1 only   | orcycle accessorie                                     | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule D<br>ims Secured by Property.  |
| Exar        | mples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | ·           | who has an interest in the propone.  Debtor 2 only   | orcycle accessorie                                     | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule D<br>ims Secured by Property.  Current value of the  |
| Exar        | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:  | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 2 only   | orcycle accessorie                                     | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule D<br>ims Secured by Property.  |
| Exar        | mples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only At least one of the debtors and   | corcycle accessorie perty? Check                       | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule D<br>ims Secured by Property.  Current value of the  |
| Exar        | mples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 2 only   | corcycle accessorie perty? Check                       | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule D<br>ims Secured by Property.  Current value of the  |
| Exar        | mples: Boats, trailers, motor No Yes  Make Model: Year: Approximate mileage: Other information:  | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions)  Who has an interest in the propone.   | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured  | red claims on Schedule D ims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put   |
| Exar<br>4.1 | mples: Boats, trailers, motor  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                      | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions)  Who has an interest in the propone.   | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule Dims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put red claims on Schedule D   |
| Exar<br>4.1 | mples: Boats, trailers, motor No Yes  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:                       | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only At least one of the debtors an Check if this is community instructions)  Who has an interest in the propone.  Debtor 1 and Debtor 2 only The check if this is community instructions)  Debtor 1 only  Debtor 1 only   | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule D ims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put   |
| Exar<br>4.1 | mples: Boats, trailers, motor  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                      | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions)  Who has an interest in the propone.   | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the  | red claims on Schedule Dims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put red claims on Schedule Dims Secured by Property.  Current value of the |
| Exar<br>4.1 | mples: Boats, trailers, motor No Yes  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:                       | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only At least one of the debtors an Check if this is community instructions)  Who has an interest in the propone.  Debtor 1 and Debtor 2 only The check if this is community instructions)  Debtor 1 only  Debtor 1 only   | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Creditors Who Hav | red claims on Schedule Dims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put red claims on Schedule Dims Secured by Property.                       |
| Exar<br>4.1 | mples: Boats, trailers, motor No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | ·           | who has an interest in the propone.  Debtor 1 only Debtor 2 only At least one of the debtors an Check if this is community instructions)  Who has an interest in the propone.  Debtor 1 and Debtor 2 only At least one of the debtors an Debtor 2 only instructions)  Who has an interest in the propone.  Debtor 1 only Debtor 2 only | perty? Check  and another  property (see  perty? Check | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the  | red claims on Schedule Dims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put red claims on Schedule Dims Secured by Property.  Current value of the |



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Debtor 1 Tequilla Hanks Laguan Case number (if known) 19-61565 First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Furniture, Appliances, Etc. \$1200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Electronics \$350.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Clothes \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Jewelry \$250.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2300.00 for Part 3. Write that number here .....



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Debtor 1 Tequilla Hanks Case number (if known) 19-61565 Laguan First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... \$18.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$700.00 17.1. Checking account: First Choice Financial Group 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: American Express Prepaid Credit (Serve) \$0.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No **7** Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

| Debt | tor 1 Tequilla                            | Laquan  | Hanks                       | Case number (if known)                | 19-61565 |
|------|---|---|-----------------------------|---------------------------------------|----------|
|      | First Name                                | Middle Name   | Last Name                   |                                       |          |
| 20.  | Negotiable instruments                    | porate bonds and other negotial include personal checks, cashiers ents are those you cannot transfe | checks, promissory not      | tes, and money orders.                | A        |
|      | Yes. Give specific information about them | Issuer name:  |                             |                                       |          |
|      |   |   |                             |                                       |          |
| 21.  |   | n accounts<br>RA, ERISA, Keogh, 401(k), 403(b)  | ), thrift savings accounts  | s, or other pension or profit-sharing | g plans  |
|      | No  | Type of account:  | Institution name:           |                                       |          |
|      | Yes. List each account separately.        | 401(k) or similar plan:   |                             |                                       |          |
|      | coparatory:                               | Pension plan:   |                             |                                       |          |
|      |   | IRA:  |                             |                                       |          |
|      |   | Retirement account:   |                             |                                       |          |
|      |   | Keogh:  |                             |                                       |          |
|      |   | Additional account:   |                             |                                       |          |
|      |   | Additional account:   |                             |                                       |          |
| 22.  |   | prepayments<br>d deposits you have made so that<br>with landlords, prepaid rent, public             |                             |                                       |          |
|      | <b>✓</b> No                               |   | Institution name:           |                                       |          |
|      | Yes                                       | Electric:   |                             |                                       |          |
|      |   | Gas:  |                             |                                       |          |
|      |   | Heating oil:  |                             |                                       |          |
|      |   | Security deposit on rental unit:  |                             |                                       |          |
|      |   | Prepaid rent:   |                             |                                       |          |
|      |   | Telephone:  |                             |                                       |          |
|      |   | Water:  |                             |                                       |          |
|      |   | Rented furniture:   |                             |                                       |          |
|      |   | Other:  |                             |                                       |          |
| 23.  | Annuities (A contract f                   | or a periodic payment of money to   | you, either for life or for | a number of years)                    |          |
|      | No Yes                                    | Issuer name and description:  |                             |                                       |          |
|      |   |   |                             |                                       |          |
|      |   |   |                             |                                       |          |
|      |   |   |                             |                                       |          |

| Debt | or 1 Tequilla   | Laquan   | Hanks                      |  | er <i>(if known)</i> 19-61565  |   |
|------|---|--|----------------------------|--|--|---|
| 24.  |   |  | ount in a qualified ABL    | <sup>ame</sup><br>E program, or under a qualified st | ate tuition program.   |   |
|      | ✓ No  Yes   | 330(b)(1), 529A(b), and 529(   |                            | cords of any interests.11 U.S.C. § 5                 | 21(c):   |   |
|      |   |  |                            |  |  |   |
| 25.  |   | ble or future interests in por your benefit  | roperty (other than any    | thing listed in line 1), and rights o                | or powers  |   |
|      | ✓ No<br>Yes. Desc   | ibe  |                            |  |  |   |
| 26.  |   | rights, trademarks, trade s  |                            |  |  | A   |
|      | Yes. Desc   | ribe   |                            |  |  |   |
| 27.  |   | nchises, and other general ding permits, exclusive licens  |                            | on holdings, liquor licenses, profess                | ional licenses   |   |
|      | ✓ No  Yes. Desc   | ibe  |                            |  |  |   |
|      | <u> </u>  |  |                            |  |  |   |
|      |   |  |                            |  |  |   |
| Mon  | ney or proper   | ty owed to you?  |                            |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions.           |
|      | ney or proper   |  |                            |  |  | portion you own?  Do not deduct secured   |
|      | Tax refunds on No Yes. Give s   | ved to you pecific information   |                            |  | Federal:   | portion you own?  Do not deduct secured   |
|      | Tax refunds on  No Yes. Give s abou you a   | ved to you  pecific information t them, including whether lready filed the returns   |                            |  | Federal:<br>State:   | portion you own?  Do not deduct secured claims or exemptions.                               |
| 28.  | Tax refunds on  No Yes. Give s abou you a and t   | pecific information them, including whether lready filed the returns he tax years  |                            |  |  | portion you own? Do not deduct secured claims or exemptions.  \$0.00                        |
| 28.  | Tax refunds on  No Yes. Give s about you a and t  Family support Examples: Past   | pecific information t them, including whether lready filed the returns he tax years  | pousal support, child sup  |  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00          |
| 28.  | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past   | pecific information them, including whether lready filed the returns he tax years t due or lump sum alimony, s                         | pousal support, child sup  | port, maintenance, divorce settleme                  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00          |
| 28.  | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past   | pecific information t them, including whether lready filed the returns he tax years  | pousal support, child sup  | port, maintenance, divorce settleme                  | State:<br>Local:<br>ent, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00        |
| 28.  | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past   | pecific information them, including whether lready filed the returns he tax years t due or lump sum alimony, s                         | pousal support, child sup  | port, maintenance, divorce settleme                  | State: Local: ent, property settlement Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00        |
| 28.  | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past   | pecific information them, including whether lready filed the returns he tax years t due or lump sum alimony, s                         | pousal support, child sup  | pport, maintenance, divorce settleme                 | State:  Local: ent, property settlement Alimony: Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28.  | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past No Yes. Give s                              | pecific information them, including whether lready filed the returns ne tax years  t due or lump sum alimony, s  pecific information   | pousal support, child sup  | port, maintenance, divorce settleme                  | State:  Local:  ent, property settlement  Alimony:  Maintenance:  Support:                                     | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past No Yes. Give s  Other amount Examples: Unp | pecific information them, including whether lready filed the returns the tax years   | e payments, disability ber | pport, maintenance, divorce settleme                 | State: Local: ent, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past No Yes. Give s  Other amount Examples: Unp | pecific information t them, including whether lready filed the returns ne tax years  t due or lump sum alimony, s  pecific information | e payments, disability ber | pport, maintenance, divorce settleme                 | State: Local: ent, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |

| Deb  | tor 1 Tequilla                             | Laquan   | Hanks   | Case number (if known) 19-61565                                 |  |
|------|--|--|---|---|--|
|      | First Name                                 | Middle Name  | Last Name   |   |  |
| 31.  | Interests in insura<br>Examples: Health, o |  | Ith savings account (HSA); credit,  | homeowner's, or renter's insurance                              |  |
|      |  | insurance company<br>and list its value                        | Company name:   | Beneficiary:  | Surrender or refund value:   |
| 32.  |  |  |   | cy, or are currently entitled to receive                        |  |
|      | No Yes. Describe                           |  |   |   | ,  |
| 33.  |  | ird parties, whether or not y<br>ts, employment disputes, insu | rou have filed a lawsuit or made<br>rance claims, or rights to sue          | e a demand for payment  | A  |
|      | ✓ No Yes. Describe                         |  |   |   |  |
| 34.  | Other contingent to set off claims         | and unliquidated claims of                                     | every nature, including counter   | claims of the debtor and rights                                 |  |
|      | □ No                                       |  |   |   |  |
|      | Yes. Describe                              | , , ,  | Cliam (Debtor retains the right to cl<br>ntingent interest up to the maximu | aim this exemption for any funds realized um exemption allowed) |  |
|      | Unknown                                    |  |   |   |  |
| 35.  | -  | ets you did not already list                                   |   |   |  |
|      | No No                                      |  |   |   |  |
|      | Yes. Describe                              |  |   |   |  |
|      | Test Describe.                             | •  |   |   |  |
|      |  |  |   |   |  |
| 36.  |  | •  | n Part 4, including any entries f   |   | \$718.00   |
|      |  |  |   |   |  |
| Part | 5: Describe An                             | y Business-Related Pro   | perty You Own or Have an I  | nterest In. List any real estate in Par                         | t 1.   |
| 37.  |  | -  | erest in any business-related p   | -   |  |
|      | ✓ No. Go to Part  Yes. Go to line          | 6.   |   |   | Current value of the portion you own? Do not deduct secured claims |
| 38.  | ш  | ble or commissions you alre                                    | ady earned  |   | or exemptions  |
|      | — N.                                       | -  |   |   |  |
|      | Yes. Describe                              |  |   |   |  |
|      |  |  |   |   |  |
| 39.  |  | furnishings, and supplies s-related computers, software        | modems, printers, copiers, fax m  | achines, rugs, telephones, desks, chairs, elec                  | stronic devices  |
|      | ✓ No Yes. Describe                         |  |   |   |  |
|      |  |  |   |   |  |

| Deb   | tor 1 Tequilla          | Laquan                             | Hanks                            | Case number (if known) 19-61565   |                              |
|-------|-------------------------|------------------------------------|----------------------------------|-----------------------------------|------------------------------|
| 1     | First Name              | Middle Name                        | Last Name                        | _                                 |                              |
| 40.   | Machinery, fixtures, e  | equipment, supplies you u          | se in business, and tools of y   | our trade                         |                              |
|       | <b>✓</b> No             |                                    |                                  |                                   |                              |
|       | Yes. Describe           |                                    |                                  |                                   |                              |
|       | _                       |                                    |                                  |                                   |                              |
|       | -                       |                                    |                                  |                                   |                              |
| 41.   | Inventory               |                                    |                                  |                                   |                              |
|       | <b>✓</b> No             |                                    |                                  |                                   |                              |
|       | Yes. Describe           |                                    |                                  |                                   |                              |
|       | _                       |                                    |                                  |                                   | 1.                           |
|       |                         | <del></del>                        |                                  |                                   | A                            |
| 42.   | Interests in partnersh  | nips or joint ventures             |                                  |                                   | (1)                          |
|       | <b>✓</b> No             | ı                                  | Name and and the                 | 0/ of annualist                   |                              |
|       | Yes. Give specific      | l l                                | Name of entity:                  | % of ownership:                   |                              |
|       | information about       |                                    |                                  |                                   | _                            |
|       | them                    |                                    |                                  |                                   |                              |
|       |                         | •                                  |                                  |                                   | <u> </u>                     |
|       |                         |                                    |                                  |                                   | <del>-</del>                 |
| 43.   | Customer lists, mailing | g lists, or other compilation      | ons                              |                                   |                              |
|       | <b>✓</b> No             |                                    |                                  |                                   |                              |
|       | Yes. Do your lists      | include personally identifiab      | le information (as defined in 11 | U.S.C. § 101(41A))?               |                              |
|       |                         |                                    |                                  |                                   |                              |
|       | ☐ No                    |                                    |                                  |                                   |                              |
|       | Yes. Desc               | oribe                              |                                  |                                   |                              |
| 44    | Any husiness-related    | property you did not alre          | adv liet                         |                                   |                              |
|       |                         | property you are not une           | udy not                          |                                   |                              |
|       | <b>✓</b> No             |                                    |                                  |                                   | <u> </u>                     |
|       | Yes. Give specific      |                                    |                                  |                                   |                              |
|       | information             |                                    |                                  |                                   | <del></del>                  |
|       |                         |                                    |                                  |                                   |                              |
|       |                         |                                    |                                  |                                   |                              |
|       |                         | •                                  |                                  |                                   | <u> </u>                     |
|       |                         |                                    |                                  |                                   |                              |
|       |                         |                                    |                                  |                                   |                              |
|       |                         |                                    |                                  |                                   |                              |
| 45. A | dd the dollar value of  | all of your entries from Pa        | rt 5, including any entries fo   | r pages you have attached         |                              |
|       |                         |                                    |                                  |                                   |                              |
|       | Describe Any F          | arm- and Commercia                 | Fishing-Related Propert          | y You Own or Have an Interest In. |                              |
| Part  |                         | n interest in farmland, list it in |                                  | y Tou Own or Have an interest in: |                              |
| 46    | De veu eur er beve      |                                    | west in any farm or someon       | sial fishing valated avances.2    |                              |
| 46.   | Do you own or have a    | any legal or equitable inte        | erest in any larm- or commerc    | cial fishing-related property?    | Current value of the         |
|       | No. Go to Part 7.       |                                    |                                  |                                   | portion you own?             |
|       | Yes. Go to line 47      | •                                  |                                  |                                   | Do not deduct secured claims |
|       |                         |                                    |                                  |                                   | or exemptions                |
| 47.   | Framples: Livestock in  | ooultry, farm-raised fish          |                                  |                                   |                              |
|       |                         | Journy, raimi-raiseu listi         |                                  |                                   |                              |
|       | <b>✓</b> No             |                                    |                                  |                                   |                              |
|       | Yes. Describe           |                                    |                                  |                                   |                              |
|       |                         |                                    |                                  |                                   |                              |
| 1     |                         |                                    |                                  |                                   |                              |

| Debt          | tor 1 Tequilla First Name       | Laquan<br>Middle Name          | Hanks<br>Last Name                      | Case number (if known) 19-61565 |              |
|---------------|---------------------------------|--------------------------------|---|---------------------------------|--------------|
| 10            |                                 |                                | Lastiname                               |                                 |              |
| 48.           | Crops-either growing or ha      | rvested                        |   |                                 |              |
|               | <b>✓</b> No                     |                                |   |                                 |              |
|               | Yes. Describe                   |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
| 49            | Farm and fishing equipmen       | —<br>t implements machinery    | fixtures and tools of trade             |                                 | 1            |
| 70.           |                                 | t, implements, machinery,      | inital co, and tools of trade           | •                               | At           |
|               | ✓ No                            |                                |   |                                 | (, )         |
|               | Yes. Describe                   |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
| 50.           | Farm and fishing supplies, o    | chemicals, and feed            |   |                                 |              |
|               | <b>√</b> No                     |                                |   |                                 |              |
|               | Yes. Describe                   |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
|               |                                 | <u> </u>                       |   |                                 |              |
| 51.           | Any farm- and commercial        | fishing-related property yo    | u did not already list                  |                                 |              |
|               | <b>✓</b> No                     |                                |   |                                 |              |
|               | Yes. Describe                   |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
|               |                                 | <u>—</u>                       |   |                                 |              |
|               | dd the dollar value of all of y |                                |   |                                 |              |
| for Pa        | art 6. Write that number here   | ÷                              |   |                                 |              |
|               |                                 |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
| Part          | Describe All Propert            | v You Own or Have an           | Interest in That You Did                | Not List Above                  |              |
| 53.           | Do you have other property      |                                |   |                                 |              |
|               | Examples: Season tickets, cou   |                                | -                                       |                                 |              |
|               | ✓ No                            |                                |   |                                 |              |
|               | Yes. Give specific              |                                |   |                                 | ·            |
|               | information                     |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
| 54. A         | dd the dollar value of all of y | our entries from Part 7. W     | rite that number here                   |                                 |              |
|               |                                 |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
|               |                                 |                                |   |                                 |              |
| Part          | 8: List the Totals of Eac       | ch Part of this Form           |   |                                 |              |
|               |                                 |                                |   |                                 |              |
| 55 <b>. I</b> | Part 1: Total real estate, line | 2                              |   | <b>&gt;</b>                     |              |
|               |                                 |                                |   |                                 |              |
| 56.           | part 2 total vehicles, line 5   |                                | \$8725.00                               | <u></u>                         |              |
| 57 <b>.P</b>  | art 3: Total personal and ho    | usehold items, line 15         | \$2300.00                               | 1                               |              |
| 58 <b>.P</b>  | art 4: Total financial assets,  | line 36                        | \$718.00                                | <u> </u>                        |              |
| 50 1          | Part 5: Total business-relate   | d property line 45             | \$7.10.00                               | _                               |              |
|               |                                 |                                |   | <u> </u>                        |              |
| 60. <b>I</b>  | Part 6: Total farm- and fishin  | g-related property, line 52    |   | <u></u>                         |              |
| 61. <b>I</b>  | Part 7: Total other property r  | not listed, line 54            |   |                                 |              |
| 62.1          | Fotal personal property. Add    | lines 56 through 61.           |   |                                 | . #11740.00  |
|               |                                 | Č                              | \$11743.00                              | Copy personal property total    | + \$11743.00 |
|               |                                 |                                |   |                                 |              |
| 63 <b>T</b>   | otal of all property on School  | lule A/R. Add line 55 ± line 6 | S2                                      |                                 | \$11743.00   |
| UU. I         | oral of all broberry oil orlied |                                | · - · · · · · · · · · · · · · · · · · · |                                 | i            |

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| Fill in this information to identify your case: |            |             |                             |   |  |  |
|---|------------|-------------|-----------------------------|---|--|--|
| Debtor 1  | Tequilla   | Laquan      | Hanks                       |   |  |  |
|   | First Name | Middle Name | Last Name                   |   |  |  |
| Debtor 2  |            |             |                             |   |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                   | _ |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Georgia (State) |   |  |  |
| Case number<br>(If known)                       | 19-61565   |             | (State)                     |   |  |  |



Check if this is an amended filing

04/19

### Official Form 106C

#### Schedule C: The Property You Claim as Exempt - Amended

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pai | t 1: Identify the Property You Claim  | n as Exempt   |   |                                    |  |  |  |
|-----|---|---|---|------------------------------------|--|--|--|
| 1.  | You are claiming state and federal n  You are claiming federal exemptions           | tions are you claiming? Check one only, even if your spouse is filling with you.  g state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  g federal exemptions. 11 U.S.C. § 522(b)(2)  u list on Schedule A/B that you claim as exempt, fill in the information below. |   |                                    |  |  |  |
|     | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own  Copy the value from Schedule A/B  | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |  |  |  |
|     | Brief description:  Furniture, Appliances, Etc.  Line from Schedule A/B: 06         | \$1,200.00  | \$1,200.00  100% of fair market value, up to any applicable statutory limit                         | O.C.G.A. § 44-13-100(a)(4)         |  |  |  |
|     | Brief description: Clothes Line from Schedule A/B: 11                               | \$500.00  | \$500.00  100% of fair market value, up to any applicable statutory limit                           | O.C.G.A. § 44-13-100(a)(4)         |  |  |  |
| 3.  | ✓ No  | ry 3 years after that for o   | 350? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |                                    |  |  |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

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Debtor 1 Tequilla Laquan Hanks Case number (if known) 19-61565
First Name Middle Name Last Name

| art 2: Additional Page   |   |   |   |
|--|---|---|---|
| Brief description of the property and line on Schedule A/B that lists this property  | Current value of<br>the portion you<br>own<br>Copy the value from | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption                            |
|  | Schedule A/B  |   |   |
| Brief description:  Electronics  Line from Schedule A/B: 07  | \$350.00  | \$350.00  100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(4)                                    |
| Brief description:  Jewelry  | \$250.00  | \$250.00  | O.C.G.A. § 44-13-100(a)(5)                                    |
| Line from Schedule A/B: 12   |   | 100% of fair market value, up to any applicable statutory limit           |   |
| Brief description:  Cash on Hand   | \$18.00   | \$18.00   | O.C.G.A. § 44-13-100(a)(6)                                    |
| Line from Schedule A/B: 16   |   | 100% of fair market value, up to any applicable statutory limit           |   |
| Brief description:   | Unknown   | <b>V</b>  | O.C.G.A. § 44-13-100(a)(11)(D);<br>O.C.G.A. § 44-13-100(a)(6) |
| Pending Personal Injury Cliam (Debtor retains the right to claim this exemption for any funds realized and received from this contingent interest up to the maximum exemption allowed) |   | \$0 100% of fair market value, up to any applicable statutory limit       | _   |
| Line from Schedule A/B: 34   |   |   |   |
| Brief description: Other financial account, American Express Prepaid Credit ( Serve )  | \$0.00  | \$0  100% of fair market value, up to any applicable statutory limit      | O.C.G.A. § 44-13-100(a)(6)                                    |
| Line from Schedule A/B: 17   |   |   |   |
| Brief description: Checking account, First   | \$700.00  | \$700.00  | O.C.G.A. § 44-13-100(a)(6)                                    |
| Choice Financial Group Line from Schedule A/B: 17  |   | 100% of fair market value, up to any applicable statutory limit           |   |

|   | Case 19-61565-sn  |   | Filed 11/10/20 E<br>ocument Page   |  | ) 11:25:13         | Desc M           | <b>lain</b>        |
|---|---|---|--|--|--------------------|------------------|--------------------|
| Fill in this info                                 | ormation to identify your case  | e:  |  |  | /                  | 1_               |                    |
| Debtor 1  | Tequilla<br>First Name  | Laquan<br>Middle Name   | Hanks<br>Last Name   |  | (                  | K                |                    |
| Debtor 2  | First Name  | Middle Name   | Last Name  |  |                    |                  |                    |
| (Spouse, if filing)                               | First Name  | Middle Name   | Last Name  |  |                    |                  |                    |
| United States                                     | Bankruptcy Court for the: N   | orthern   | District of Georgia (State)  |  |                    |                  |                    |
| Case number<br>(If known)                         | 19-61565  |   | (-1311-2)  |  |                    |                  |                    |
| Official I  | Form 106E/F   |   |  |  | ✓ Che              | ck if this is ar | n amended filing   |
| Sched   | ule E/F: Cred   | itors Who   | Have Unse  | cured Clair  | ns - Am            | ended            | 12/15              |
| claims that a the entries in known).  Part 1: Lis | ) and on Schedule G: Execute Issted in Schedule D: Cred the boxes on the left. Attack   | ditors Who Hold Clair<br>th the Continuation F<br>Insecured Claims            | ns Secured by Property. If<br>Page to this page. On the  | f more space is needed,  | copy the Part yo   | u need, fill i   | it out, number     |
|   | creditors have priority unse<br>. Go to Part 2.<br>s.   | oured claims against  | you?   |  |                    |                  |                    |
| listed, id<br>As mucl<br>Continu                  | of your priority unsecured clentify what type of claim it is. as possible, list the claims in ation Page of Part 1. If more the explanation of each type of cla | If a claim has both pric<br>alphabetical order acco<br>nan one creditor holds | ority and nonpriority amount ording to the creditor's name a particular claim, list the other. | ts, list that claim here and<br>e. If you have more than t<br>her creditors in Part 3. | show both priority | and nonprio      | rity amounts.      |
|   |   |   |  |  | Total claim        | Priority amount  | Nonpriority amount |
|   | ia Department Of Revenue  r Creditor's Name   |   | Last 4 digits of account   | number   | \$0.00             | \$0.00           | \$0.00             |
| 1800  | Century Blvd  | _   | When was the debt incur  | rred?n/a   |                    |                  |                    |
| Numb<br>Suite 1                                   |   |   | As of the date you file, th  | he claim is: Check all tha   | t                  |                  |                    |
|   |   | 00045   | apply.  Contingent   |  |                    |                  |                    |
| Atlanta<br>City                                   | u Georgia<br>State  | 30345<br>Zip Code   | Unliquidated   |  |                    |                  |                    |
|   | ncurred the debt? Check one<br>ebtor 1 only   | ) <u>.</u>  | Disputed   |  |                    |                  |                    |
|   | ebtor 2 only  |   | Type of PRIORITY unsec   | ured claim:  |                    |                  |                    |
|   | ebtor 1 and Debtor 2 only   |   | Domestic support obli  | _  |                    |                  |                    |
| At  | least one of the debtors and a  | nother  | ✓ Taxes and certain other government   | •  |                    |                  |                    |
|   | heck if this claim relates to   | a community debt  | Claims for death or pe intoxicated   | ersonal injury while you we  | ere                |                  |                    |

Other Specify \_

apply. Contingent

Unliquidated

government

intoxicated

Other Specify

Disputed

- Last 4 digits of account number

When was the debt incurred?

Type of PRIORITY unsecured claim:

✓ Taxes and certain other debts you owe the

Claims for death or personal injury while you were

Domestic support obligations

As of the date you file, the claim is: Check all that

Yes Official Form 106E/F

Is the claim subject to offset?

Street

State

At least one of the debtors and another

 $\underline{\textbf{Who}}$  incurred the debt? Check one.

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Pennsylvania

Check if this claim relates to a community debt

19101

Zip Code

Internal Revenue Service

Priority Creditor's Name

Debtor 1 only

Debtor 2 only

P.O. Box 7346

Number

Philadelphia

**✓** 

**✓** No

**✓** No Yes

2.2

\$0.00

\$0.00

\$0.00

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Debtor 1 Tequilla Hanks Laguan Case number (if known) 19-61565 First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **V** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Army And Air Force Exchange Service \$2,500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 3911 S Walton Walker Blvd Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Dallas 75236 Texas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Consumer Debt Is the claim subject to offset? No Yes Dept Of Education/Neln \$2.137.00 Last 4 digits of account number 5424 Nonpriority Creditor's Name When was the debt incurred? 10/2012 121 S 13th St Number Street As of the date you file, the claim is: Check all that apply. Contingent Lincoln 68508 Unliquidated Citv Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only **V** Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **V** No Yes Dept Of Education/Neln 4.3 \$1,756.00 Last 4 digits of account number 5619 Nonpriority Creditor's Name When was the debt incurred? 7/2014 121 S 13th St Number Street As of the date you file, the claim is: Check all that apply. Contingent Lincoln Nebraska 68508 Unliquidated City Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? No Yes

Debtor 1 Tequilla Laquan Hanks Case number (if known) 19-61565
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation   | n Page   |             |
|--------|--|--|-------------|
|        | After listing any entries on this page, number them beginning w  | rith 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.4    | Dept Of Education/Neln Nonpriority Creditor's Name 121 S 13th St Number Street   | Last 4 digits of account number 5324 When was the debt incurred? 10/2012  As of the date you file, the claim is: Check all that apply.   | \$1,365.00  |
|        | Lincoln Nebraska 68508 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes  | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify   | +           |
| 4.5    | Dept Of Education/Neln Nonpriority Creditor's Name 121 S 13th St Number Street  Lincoln Nebraska 68508 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Last 4 digits of account number 5719  When was the debt incurred? 7/2014  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify | \$1,245.00  |
| 4.6    | Dept Of Education/Neln Nonpriority Creditor's Name 121 S 13th St Number Street  Lincoln Nebraska 68508 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes              | When was the debt incurred? 4/2014  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify   | \$523.00    |

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Debtor 1 Tequilla Laquan Hanks Case number (if known) 19-61565
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation                | on Page   |             |
|--------|---|---|-------------|
|        | After listing any entries on this page, number them beginning v | with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.7    | I.c. System, Inc  | — Last 4 digits of account number 7363  | \$53.00     |
|        | Nonpriority Creditor's Name<br>PO BOX 64378                     | When was the debt incurred? 12/2017   |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | SAINT PAUL Minnesota 55164                                      | Unliquidated  |             |
|        | City State Zip Code  Who incurred the debt? Check one.          | Disputed  | 1.          |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  | 1           |
|        | Debtor 2 only   | Student loans   | . 1         |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or  |             |
|        | At least one of the debtors and another                         | divorce that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?                                 | debts  001 Collection; Collecting for   |             |
|        | No  | ORIGINAL CREDITOR: MEDICAL  |             |
|        | Yes   | Other. Specify PAYMENT DATA   |             |
| 4 0    | Impact Receivables Man  |   | #2.100.00   |
| 4.8    | Nonpriority Creditor's Name                                     | Last 4 digits of account number 8L11  | \$3,188.00  |
|        | 1601 Shop Rd Ste D<br>Number Street                             | When was the debt incurred? 5/2018  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        | Columbia South Carolina 29201                                   | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.                               | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Check if this claim relates to a community debt                 | debts   |             |
|        | Is the claim subject to offset?                                 | 001 Collection; Collecting for ORIGINAL CREDITOR: THE   |             |
|        | ✓ No  | RESIDENCES AT STONEBROOK  |             |
|        | Yes   | Other. Specify F  |             |
| 4.9    | Liberty Mutual Nonpriority Creditor's Name                      | Last 4 digits of account number   | \$225.00    |
|        | P.O. Box 8400   | When was the debt incurred?n/a  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | Dover New Hampshire 03821                                       | Unliquidated  |             |
|        | Dover New Hampshire 03821 City State Zip Code                   | Disputed  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                | Type of NONPRIORITY unsecured claim:  |             |
|        | <u></u>   | Student loans   |             |
|        | Debtor 2 only   | Obligations arising out of a separation agreement or  |             |
|        | Debtor 1 and Debtor 2 only                                      | divorce that you did not report as priority claims  |             |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt                 | Other. Specify Consumer Debt  |             |
|        | Is the claim subject to offset?                                 | <del>_</del>  |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |

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Debtor 1 Tequilla Hanks Laguan Case number (if known) 19-61565 First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Tmobile \$450.50 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 742596 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 45274 <u>Cincinnati</u> Ohio City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Specify\_ cell phone Is the claim subject to offset? No  $\overline{\phantom{a}}$ Yes University Of Phoenix \$2,660.00 Last 4 digits of account number 3632 Nonpriority Creditor's Name When was the debt incurred? 2/2014 4615 E Elwood St FI 3 Street As of the date you file, the claim is: Check all that apply. Contingent 85040 Phoenix Arizona Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 001 InstallmentLoan Is the claim subject to offset?  $\square$ 

✓ No ☐ Yes

 Debtor 1 First Name
 Laquan Laquan Hanks Last Name
 Case number (if known)
 19-61565

| collection agen   | cy is trying to collect<br>cy here. Similarly, it | ct from you for a debt<br>you have more than | you owe to some one creditor for an | one else, list the<br>ny of the debts th | ou already listed in Parts 1 or 2. For example, if a<br>original creditor in Parts 1 or 2, then list the<br>at you listed in Parts 1 or 2, list the additional<br>or 2, do not fill out or submit this page. |
|-------------------|---|--|-------------------------------------|--|--|
| Department Of J   | Justice, Tax Division                             |  |                                     |  |  |
| Name              |   |  | On which enti                       | ry in Part 1 or Pa                       | rt 2 did you list the original creditor?   |
| 75 Ted Turner D   | rive Sw   |  | Line 2.2                            | of (Check                                | Part 1: Creditors with Priority Unsecured Claims   |
| Number Stre       | et  |  | <u> </u>                            | one):                                    | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Atlanta           | Georgia   | 30303  | Last 4 digits o                     | of account numbe                         | er   |
| City              | State   | Zip Code                                     |                                     |  |  |
| Internal Revenue  | e Service - Atl                                   |  |                                     |  | d O did to a Partition of the language of  |
| Name              |   |  | On which enti                       | ry in Part 1 or Pa                       | rt 2 did you list the original creditor?   |
| 401 W Peachtree   | e St. NW, Stop 334-D                              | ı  | Line 2.2                            | of (Check                                | Part 1: Creditors with Priority Unsecured Claims   |
| Number Stre       | et  |  | _                                   | one):                                    | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Atlanta           | Georgia   | 30308  | Last 4 digits o                     | of account number                        | ar   |
| City              | State   | Zip Code                                     |                                     | or account mambe                         | ··   |
| Special Assistant | t U.S. Attorney                                   |  |                                     |  |  |
| Name              |   |  | On which enti                       | ry in Part 1 or Pa                       | rt 2 did you list the original creditor?   |
| 401 W. Peachtre   | e Street, NW, STOP 1                              | 000-D, Suite 600                             | Line 2.2                            | of (Check                                | Part 1: Creditors with Priority Unsecured Claims   |
| Number Stre       | et  |  | _                                   | one):                                    | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Atlanta           | Georgia   | 30308  | Last 4 digits o                     | of account number                        | ar   |
| City              | State   | Zip Code                                     | Lust + digits t                     | or account mambe                         |  |
| United States Att | torney's Office                                   |  |                                     |  |  |
| Name              |   |  | On which enti                       | ry in Part 1 or Pa                       | rt 2 did you list the original creditor?   |
| 75 Spring Street  | , S.W., Suite 600, U.S                            | S. Courthouse                                | Line 2.2                            | of (Check                                | Part 1: Creditors with Priority Unsecured Claims   |
| Number Stre       | et  |  |                                     | one):                                    | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Atlanta           | Georgia   | 30303  | Last 4 digits o                     | of account number                        | ar   |
| City              | State   | Zip Code                                     | Educ + digita (                     | account numbe                            | <u>.                                    </u>   |
| Office Of The At  | torney General - Atlan                            | ta   |                                     |  |  |
| Name              |   |  | On which enti                       | ry in Part 1 or Pa                       | rt 2 did you list the original creditor?   |
| 40 Capitol Sq Sv  | N   |  | Line 2.1                            | of (Check                                | Part 1: Creditors with Priority Unsecured Claims   |
| Number Stre       |   |  |                                     | one):                                    | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Atlanta           | Georgia   | 30334  | Loot 4 digits                       | of account numbe                         |  |
| City              | State   | Zip Code                                     | Last 4 digits o                     | of account numbe                         | <u></u> _  |



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Debtor 1 Tequilla Laquan Hanks Case number (if known) 19-61565
First Name Middle Name Last Name

| 111361444                   | Wilder Warre   |         |                                     |                    |
|-----------------------------|--|---------|-------------------------------------|--------------------|
| Part 4: Add th              | e Amounts for Each Type of Unsecured Claim   |         |                                     |                    |
|                             | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | s for s | statistical reporting purposes only | y. 28 U.S.C. §159. |
|                             |  |         | Total claims                        |                    |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.  | 6a.     | \$0.00                              |                    |
| iroiii Part I               | 6b. Taxes and certain other debts you owe the government   | 6b.     | \$0.00                              |                    |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.     | \$0.00                              | 11_                |
|                             | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d.     | \$0.00                              | (A)                |
|                             | 6e. Total. Add lines 6a through 6d.  | 6e.     | \$0.00                              |                    |
|                             |  |         | Total claims                        |                    |
| Total claims<br>from Part 2 | 6f. Student loans  | 6f.     | \$7,026.00                          |                    |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g.     | \$0.00                              |                    |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.     | \$0.00                              |                    |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                               | 6i.     | \$9,076.50                          |                    |
|                             | 6j. Total. Add lines 6f through 6i.  | 6j.     | \$16,102.50                         |                    |

| Case 19-61565   |  | iled 11/10/2<br>cument                            | 20 Enter<br>Page 22 d           |                               | 20 11:25:13   | Desc Main  |
|---|--|---|---------------------------------|-------------------------------|---|--|
| Fill in this information to identify  Debtor 1 Tequilla   | your case:<br>Laquan   | Hanks   |                                 |                               |   | A  |
| Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: Case number (If known)  Official Form 106   | Middle Name  Middle Name  Northern   | Last Nan  Last Nan  District of Geo  (Stat        | ne<br>rgia                      |                               | ack if this is:  An amended filing  A supplement show expenses as of the amended filing | ing post-petition chapter 13<br>following date:<br>_ |
| Schedule I: Your In  Be as complete and accurate as responsible for supplying correctinformation about your spouse. If more space is needed number (if known). Answer ever Part 1: Describe Employment  | possible. If two marrie<br>t information. If you are<br>f you are separated an<br>, attach a separate she<br>y question. | ed people are f<br>e married and<br>d your spouse | not filing joi<br>is not filing | ntly, and you<br>with you, do | r spouse is living<br>not include infori  | with you, include<br>mation about your               |
| 1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies. | Employment status  Occupation  Employer's name  Employer's address   |   |                                 |                               | Debtor 2  Employed  Not Employed  | 1  |
|   |  | Cairo<br>City                                     | Georgia<br>State                | 39828<br>Zip Code             | City  | State Zip Code                                       |

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

6 months

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would

How long employed

there?

For Debtor 1 For Debtor 2 or non-filing spouse
2. \$1,949.61

3. Estimate and list monthly overtime pay.

**3.** + \$0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$1,949.61

Official Form 106l Schedule I: Your Income page 1

| Debto                 | r 1 <u>Tequilla</u>              |  | aquan   | Hanks         |            | Case numb            | er <i>(if</i> | 19-61565    |       |                         |
|-----------------------|----------------------------------|--|---|---------------|------------|----------------------|---------------|-------------|-------|-------------------------|
|                       | First Name                       | N  | 1iddle Name                                       | Last Name     | )          | known) For Debtor 1  |               | Debtor 2 or |       |                         |
| Cop                   | y line 4 here                    |  |   | →             | 4.         | \$1,949.61           |               | <b>3</b> -p |       |                         |
|                       | all payroll d                    |  |   |               | •          |                      |               |             |       |                         |
|                       |                                  | re, and Social Securit   | y deductions                                      |               | 5a.        | \$305.07             |               |             |       |                         |
| 5b.                   | Mandatory of                     | contributions for retire   | ement plans                                       |               | 5b         | \$0.00               |               |             |       |                         |
| 5c.                   | Voluntary co                     | ontributions for retiren   | nent plans  |               | 5c.        | \$0.00               |               |             |       |                         |
| 5d.                   | Required re                      | payments of retireme   | nt fund loans                                     |               | 5d.        | \$0.00               |               |             |       |                         |
| 5e.                   | Insurance                        |  |   |               | 5e.        | \$0.00               |               |             |       |                         |
| 5f.                   | Domestic su                      | pport obligations  |   |               | 5f.        | \$0.00               |               |             |       |                         |
| 5g.                   | Union dues                       |  |   |               | 5g.        | \$0.00               |               |             |       |                         |
| 5h.                   | Other deduc                      | ctions. Specify:   |   |               | 5h. +      | \$0.00               | +             |             |       |                         |
| 6. <b>Add</b><br>+5h. | the payroll                      | deductions. Add lines 5  | 5a + 5b + 5c + 5d + 5e                            | +5f + 5g      | 6.         | \$305.07             |               |             |       |                         |
| 7. Calc               | culate total i                   | monthly take-home pa   | y. Subtract line 6 from                           | line 4.       | 7.         | \$1,644 <b>.</b> 54  |               |             |       |                         |
| 8. List               | all other inc                    | ome regularly receive  | d:  |               |            |                      |               |             | ,     |                         |
|                       | business, pr                     | from rental property a<br>ofession, or farm<br>ement for each property   |   |               |            |                      |               |             | At    | _                       |
|                       | gross receipt                    | s, ordinary and necessal<br>thly net income.   |   |               | 8a.        | \$0.00               |               |             |       |                         |
| 8b.                   | Interest and                     | l dividends  |   |               | 8b.        | \$0.00               |               |             |       |                         |
| 8c.                   |                                  | ort payments that you<br>egularly receive  | , a non-filing spouse,                            | or a          |            |                      |               |             |       |                         |
|                       |                                  | ony, spousal support, chement, and property settlement.  |   | ce,           | 8c.        | \$0.00               | _             |             |       |                         |
| 8d.                   | Unemploym                        | ent compensation   |   |               | 8d.        | \$0.00               |               |             |       |                         |
| 8e.                   | Social Secu                      | rity   |   |               | 8e.        | \$0.00               |               |             |       |                         |
| ,<br>,<br>,           | Include cash<br>cash assistan    | nment assistance that<br>assistance and the value<br>ce that you receive, such<br>plemental Nutrition Ass<br>idies | e (if known) of any non<br>n as food stamps (bene | -             | 8f.        | \$0.00               |               |             |       |                         |
| 8g.                   | Pension or I                     | etirement income   |   |               | 8g.        | \$0.00               |               |             |       |                         |
| 8h.                   | Other mont                       | hly income. Specify:   |   |               | 8h. +      | \$0.00               | +             |             |       |                         |
| 9 <b>. Add</b>        | all other inc                    | come Add lines 8a + 8b   | + 8c + 8d + 8e + 8f +8                            | 3g + 8h.      | 9.         | \$0.00               |               |             | ]     |                         |
|                       |                                  | <b>hly income.</b> Add line 7<br>I line 10 for Debtor 1 an   |   | g spouse      | 10.        | \$1,644.54           | +             |             | . =   | \$1,644.54              |
| Incl<br>frier         | ude contribut<br>ids or relative | regular contributions<br>ions from an unmarried<br>s.<br>ny amounts already incli                                  | partner, members of ye                            | our househo   | ld, your d | ependents, your roon |               |             |       |                         |
|                       | cify:                            |  |   |               |            | , , , , , , , ,      |               |             | 11. + | \$0.00                  |
|                       |                                  |  |   |               |            |                      |               |             | ı     |                         |
|                       |                                  | t in the last column on the Summary of Se  |   |               |            |                      |               |             | 12.   | \$1,644.54              |
|                       |                                  |  |   |               |            |                      |               |             |       | Combined monthly income |
| 13. <b>Do</b>         | you expect<br>No.                | an increase or decrea  | se within the year aft                            | er you file t | his form?  |                      |               |             |       |                         |
|                       |                                  |  |   |               |            |                      |               |             |       |                         |
| L                     | Yes. Explair                     | :  |   |               |            |                      |               |             |       |                         |

Official Form 106l Schedule I: Your Income page 2

|                                 |                                  | DOC   | Juliletii Paye 24 01 3.   | J                  |                                |
|---------------------------------|----------------------------------|---|---|--------------------|--------------------------------|
| Fill in this infor              | mation to identif                | y your case:  |   |                    |                                |
| Debtor 1                        | Tequilla                         | Laquan  | Hanks   |                    | 1                              |
| Dahland                         | First Name                       | Middle Name   | Last Name   | Check if this is:  | $\langle \mathcal{A} \rangle$  |
| Debtor 2<br>(Spouse, if filing) | First Name                       | Middle Name   | Last Name   | An amended filing  |                                |
| United States E                 | Bankruptcy Court                 | for the: Northern   | District of Georgia   |                    | owing post-petition chapter 13 |
| Case number                     | 19-61565                         |   | (State)   | expenses as of the | e tollowing date:              |
| (If known)                      | 10 01000                         |   |   | MM / DD / YYYY     | <del></del>                    |
| Official                        | Form 10                          | 6J  |   |                    |                                |
| Schedul                         | e J: Your                        | Expenses - Ameno  | led   |                    | 12/15                          |
| information. If                 |                                  | eeded, attach another sheet to t  | e are filing together, both are equal<br>his form. On the top of any addition |                    | •                              |
| Part 1: Des                     | cribe Your Ho                    | usehold   |   |                    |                                |
| 1. Is this a joi                | nt case?                         |   |   |                    |                                |
| <b>V</b> No. Go                 | to line 2                        |   |   |                    |                                |
| Yes. Do                         | oes Debtor 2 live                | e in a separate household?  |   |                    |                                |
| _ г                             | No                               |   |   |                    |                                |
|                                 | Yes. Debtor 2                    | must file Official Forms 106J-2, Exp  | penses for Separate Household of Deb  | otor 2.            |                                |
| 2. Do you hav                   | e dependents?                    | <b>✓</b> No   |   |                    |                                |
| Do not list D<br>Debtor 2.      | ebtor 1 and                      | Yes. Fill out this information for each dependent                           | Dependent's relationship to Debtor 1 or Debtor 2                              | Dependent's age    | Does dependent live with you?  |
|                                 | penses include<br>f people other | <b>✓</b> No   |   |                    |                                |
| yourself and<br>dependents      | •                                | Yes   |   |                    |                                |
| Part 2: Estil                   | mate Your On                     | going Monthly Expenses  |   |                    |                                |
| _                               | of a date after th               |   | s you are using this form as a supp<br>supplemental Schedule J, check th      | •                  | •                              |
|                                 | •                                | h non-cash government assistand<br>luded it on <i>Schedule I: Your Inco</i> | -   |                    | Your expenses                  |

Official Form 106J Schedule J: Your Expenses page 1

4. The rental or home ownership expenses for your residence. Include first mortgage payments and

any rent for the ground or lot. 4.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

If not included in line 4: 4a. Real estate taxes 4.

4a

4b.

4c.

4d.

\$450.00

\$0.00

\$0.00

\$0.00

\$0.00

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Debtor 1 Tequilla Laquan Hanks Case number (if known) 19-61565
First Name Middle Name Last Name

|  |   |                       |     | Your expenses |
|--|---|-----------------------|-----|---------------|
| 5. Additional mortgage payments for your re                                      | sidence, such as home equity loans        |                       | 5.  | \$0.00        |
| 6. Utilities:  |   |                       |     |               |
| 6a. Electricity, heat, natural gas   |   |                       | 6a. | \$100.00      |
| 6b. Water, sewer, garbage collection   |   |                       | 6b. | \$50.00       |
| 6c. Telephone, cell phone, Internet, satellite,                                  | and cable services                        |                       | 6c. | \$182.00      |
| 6d. Other. Specify:  |   |                       | 6d  | \$0.00        |
| 7. Food and housekeeping supplies  |   |                       | 7.  | \$400.00      |
| 8. Childcare and children's education costs                                      |   |                       | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning   |   |                       | 9.  | \$100.00      |
| 10. Personal care products and services  |   | 1                     | 10. | \$80.00       |
| 11. Medical and dental expenses  |   | (4)                   | 11. | \$75.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, Do not include car payments | bus or train fare.                        |                       | 12. | \$200.00      |
| 13. Entertainment, clubs, recreation, newspa                                     | apers, magazines, and books               |                       | 13. | \$0.00        |
| 14. Charitable contributions and religious do                                    | nations                                   |                       | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from you                 | r pay or included in lines 4 or 20.       |                       |     |               |
| 15a. Life insurance  |   |                       | 15a | \$0.00        |
| 15b. Health insurance  |   |                       | 15b | \$0.00        |
| 15c. Vehicle insurance   |   |                       | 15c | \$0.00        |
| 15d. Other insurance. Specify:   |   |                       | 15d | \$0.00        |
| 16. Taxes. Do not include taxes deducted from                                    | your pay or included in lines 4 or 20.    |                       |     |               |
| Specify:   |   |                       | 16  | \$0.00        |
| 17. Installment or lease payments:   |   |                       | 10  |               |
| 17a. Car payments for Vehicle 1  |   |                       | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  |   |                       | 17b | \$0.00        |
| 17c. Other. Specify:   |   |                       | 17c | \$0.00        |
| 17d. Other. Specify:   |   |                       | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance,                                       | and support that you did not report a     | s deducted from       |     | \$0.00        |
| your pay on line 5, Schedule I, Your Inco  | me (Official Form 106I).                  |                       | 18. |               |
| 19.Other payments you make to support other                                      | ers who do not live with you.             |                       |     |               |
| Specify:   |   |                       | 19. | <u>\$0.00</u> |
| 20. Other real property expenses not include                                     | d in lines 4 or 5 of this form or on Sche | edule I: Your Income. |     |               |
| 20a. Mortgages on other property   |   |                       | 20a | \$0.00        |
| 20b. Real estate taxes.  |   |                       | 20b | <u>\$0.00</u> |
| 20c. Property, homeowner's, or renter's insu                                     |   |                       | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expens                                      |   |                       | 20d | <u>\$0.00</u> |
| 20e. Homeowner's association or condomin   | um dues                                   |                       | 20e | \$0.00        |

Official Form 106J Schedule J: Your Expenses page 2

| Debtor 1        |                        | Laquan  | Hanks                        | Case number (if known) | 19-61565 |            |
|-----------------|------------------------|---|------------------------------|------------------------|----------|------------|
|                 | First Name             | Middle Name   | Last Name                    |                        |          |            |
| 21. <b>Othe</b> | r. Specify:            |   |                              |                        | 21       | \$0.00     |
|                 |                        |   |                              |                        |          |            |
|                 | ulate your monthly e   | •   |                              |                        |          | \$1,637.00 |
|                 | Add lines 4 through 2  |   |                              |                        |          | \$0.00     |
|                 |                        | expenses for Debtor 2), if any,   |                              |                        |          | \$1,637.00 |
| 22c.            | Add line 22a and 22b.  | The result is your monthly exp  | enses.                       |                        | 22.      |            |
| 23. <b>Calc</b> | ulate your monthly n   | et income.  |                              |                        |          |            |
| 23a.            | Copy line 12 (your cor | mbined monthly income) from S   | Schedule I.                  | 1                      | 23a      | \$1,644.54 |
| 23b.            | Copy your monthly ex   | penses from line 22 above.  | (                            | A                      | 23b      | \$1,637.00 |
|                 |                        | expenses from your monthly in   | ncome.                       |                        |          | \$7.54     |
|                 | The result is your mor | nthly net income.   |                              |                        | 23c      |            |
| For mor         | example, do you expe   | se or decrease in your expense to finish paying for your car lease or decrease because of a n | oan within the year or do ye | ou expect your         |          |            |
|                 |                        |   |                              |                        |          |            |
|                 |                        |   |                              |                        |          |            |
|                 |                        |   |                              |                        |          |            |

Official Form 106J Schedule J: Your Expenses page 3

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| ia |
|----|
|    |
|    |
|    |

| <b>V</b> | Check if this is an |
|----------|---------------------|
|          | amended filing      |

### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules - Amended**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |  |
|-----|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | elp you fill out bankruptcy forms?   |
|     | ✓ No   |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |
|     |  |  |
|     |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and  |
| ×   | /s/ Tequilla Hanks   | <b>x</b>   |
|     | Signature of Debtor 1  | Signature of Debtor 2  |
|     | Date 11/3/2020   | Date   |
|     | MM/DD/YYYY   | MM/DD/YYYY   |

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| Fill in this information to identify your case: |                           |             |                             |   |  |  |
|---|---------------------------|-------------|-----------------------------|---|--|--|
| Debtor 1  | Tequilla                  | Laquan      | Hanks                       |   |  |  |
|   | First Name                | Middle Name | Last Name                   | _ |  |  |
| Debtor 2  |                           |             |                             |   |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                   | _ |  |  |
| United States B                                 | Sankruptcy Court for the: | Northern    | District of Georgia (State) | _ |  |  |
| Case number<br>(If known)                       | 19-61565                  |             | (Citato)                    | _ |  |  |



Check if this is an amended filing

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7 - Amended

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors information below.                                 | Who Have Claims Secured by Property (Official Fort  | n 106D), fill in the                                |
|----|---|---|---|
|    | Identify the creditor and the property that is collateral   | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C? |
|    | Creditor's name: Santander Consumer Usa  Description of property securing debt: 2017 Toyota Vorolla                     | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and | ✓ No.<br>☐ Yes.                                     |
|    | Creditor's name: Unifund Ccr Partners  Description of property securing debt: Secured by All real and personal property | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and | No.<br>✓ Yes.                                       |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and | □ No.<br>□ Yes.                                     |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and | No. Yes.  |

Official Form 108

| ebtor | Tequilla  | Laquan                   | Hanks                    | Case number (if               | 19-61565   |  |  |
|-------|---|--------------------------|--------------------------|-------------------------------|--|--|--|
|       | First Name  | Middle Name              | Last Name                | known)                        |  |  |  |
| t 2:  | List Your Unexpired                                 | l Personal Property Leas | ses                      |                               |  |  |  |
| ormat | tion below. Do not list r                           |                          | d leases are leases that | are still in effect; the leas | Leases (Official Form 106G), fill in the e period has not yet ended. You may |  |  |
| Des   | cribe your unexpired pe                             | ersonal property leases  |                          | W                             | /ill the lease be assumed?   |  |  |
| Less  | sor's name:   |                          |                          | [                             | ☐ No<br>☐ Yes  |  |  |
|       | cription of leased<br>perty:                        |                          |                          |                               | _  |  |  |
| Less  | sor's name:   |                          |                          |                               | No<br>Yes  |  |  |
|       | cription of leased<br>perty:                        |                          |                          |                               |  |  |  |
| Less  | sor's name:   |                          |                          |                               | No<br>Yes  |  |  |
|       | cription of leased<br>perty:                        |                          |                          |                               | _  |  |  |
| Less  | sor's name:   |                          |                          |                               | No<br>Yes  |  |  |
|       | cription of leased<br>perty:                        |                          |                          |                               | _  |  |  |
| Less  | sor's name:   |                          |                          | [                             | No<br>Yes  |  |  |
|       | cription of leased<br>perty:                        |                          |                          | -                             | _  |  |  |
| Less  | sor's name:   |                          |                          | [                             | No<br>Yes  |  |  |
|       | cription of leased<br>perty:                        |                          |                          |                               | _  |  |  |
| Less  | sor's name:   |                          |                          |                               | No<br>Yes  |  |  |
|       | cription of leased<br>perty:                        |                          |                          |                               | _  |  |  |
| t 3:  | Sign Below  |                          |                          |                               |  |  |  |
|       | r penalty of perjury, I deerty that is subject to a |                          | my intention about any   | property of my estate that    | secures a debt and any personal  |  |  |
| _     | /s/ Tequilla Hanks                                  | Agenda How               | Sig                      | nature of Debtor 2            |  |  |  |
| Da    | ate 11/3/2020<br>MM/DD/YYYY                         |                          | Dai                      | te                            |  |  |  |

Official Form 108

| Fill in this inforr  | nation to identify your case  | e:   |  |  |                                       |                                 | Check one box   | only as directed in t                     | this form and in               |
|--|---|--|--|--|---------------------------------------|---------------------------------|---|---|--------------------------------|
| Debtor 1   | Tequilla  | Laquan   |  | Hanks  |                                       |                                 | Form 122A-1Su   |   |                                |
|  | First Name  | Middle Name  | )  | Last Name                                      |                                       |                                 | 1 There is n  | o presumption of abu                      | 150                            |
| Debtor 2<br>(Spouse, if filing)                                      | First Name  | Middle Name  |  | Loot Name                                      |                                       |                                 |   |   |                                |
| United States Bankruptcy Court for the: Northern District of Georgia |   |  |  |  |                                       | abuse applie                    | lation to determine if a<br>s will be made under<br><i>Calculation</i> (Official Fo | Chapter 7                                 |                                |
| Case number  | 19-61565  |  |  | (State)  |                                       |                                 | 3. The Mear   | s Test does not apply                     | now because of                 |
| (If known)   | 19-01303  |  |  |  |                                       |                                 | qualified mili  | tary service but it coul                  | d apply later.                 |
|  |   |  |  |  |                                       |                                 | Check if this   | is an amended filing                      |                                |
| <b>ر</b> د: - : - ا ا  | T 100 A 1   |  |  |  |                                       |                                 | _   |   |                                |
| Omiciai  | Form 122A-1   |  |  |  |                                       |                                 |   | 11  |                                |
| Chapter  | 7 Statement of  | Your Curr  | ent M  | onthly I                                       | ncon                                  | ne                              | (   | H   | 04/20                          |
| needed, attach<br>write your nam<br>consumer debt<br>(Official Form  | e and accurate as possible<br>a separate sheet to this to<br>e and case number (if kno<br>s or because of qualifying<br>(22A-1Supp) with this forr<br>ulate Your Current Mo | orm. Include the I<br>wn). If you believe<br>military service, c<br>n. | ine numbe<br>that you a                      | r to which the<br>re exempted                  | e additio                             | onal info                       | rmation applies. (<br>tion of abuse bec   | On the top of any add                     | ditional pages,<br>e primarily |
| 1.What is you  | ır marital and filing status  | ? Check one only.  |  |  |                                       |                                 |   |   |                                |
| •  | rried. Fill out Column A, lin   | ·  |  |  |                                       |                                 |   |   |                                |
|  | d and your spouse is filing   |  | oth Column                                   | ns Aand R lir                                  | nes 2-11                              |                                 |   |   |                                |
|  |   | •  |  |  | 103 2 111                             |                                 |   |   |                                |
|  | d and your spouse is NOT  |  | -  |  |                                       |                                 |   |   |                                |
| Liv  | ing in the same household   | l and are not legal  | ly separate                                  | ed. Fill out bo                                | th Colum                              | nns A and                       | l B, lines 2-11.  |   |                                |
| L und  | ing separately or are lega<br>der penalty of perjury that yo<br>ouse are living apart for reaso   | u and your spouse  | are legally s                                | separated und                                  | ler nonba                             | nkruptcy                        | law that applies or   | that you and your                         | re                             |
| <b>bankrup</b><br>August 3<br>Fill in the                            | ne average monthly incomptcy case. 11 U.S.C. § 101<br>B1. If the amount of your meresult. Do not include any from that property in one co                                   | 10A). For example, onthly income varied ncome amount mo                | if you are fi<br>d during the<br>re than onc | ling on Septe<br>e 6 months, a<br>e. For examp | mber 15,<br>.dd the in<br>le, if both | the 6-mo<br>come for<br>spouses | onth period would<br>all 6 months and c<br>own the same ren                         | be March 1 through livide the total by 6. |                                |
|  |   |  |  |  |                                       | Colum:<br><b>Debtor</b>         |   | Column B Debtor 2 or non-filing spouse    |                                |
|  | s wages, salary, tips, bonu<br>ayroll deductions).  | ses, overtime, and   | commissi                                     | ons  |                                       | \$0.00                          |   |   |                                |
| 3. Alimony ar<br>Column B is   | nd maintenance payments<br>s filled in.   | Do not include pa  | yments fror                                  | n a spouse if                                  |                                       | <u>\$0.00</u>                   |   |   |                                |
| expenses of<br>Include regulation<br>household y<br>contribution     | ts from any source which if you or your dependents, ular contributions from an uly your dependents, parents, a is from a spouse only if Coliments you listed on line 3.     | including child sun<br>nmarried partner, me<br>nd roommates. Incl      | <b>pport.</b><br>embers of y<br>ude regular  | our,   |                                       | \$ <u>0.00</u>                  |   |   |                                |
| 5. Net incomor farm  | e from operating a busine   | ss, profession,  | Debtor 1                                     | Debtor 2                                       |                                       |                                 |   |   |                                |
| Gross receip   | ots (before all deductions)   |  | \$0.00                                       |  |                                       |                                 |   |   |                                |
| Ordinary an  | d necessary operating exper   | ises   | - <u>\$0.00</u>                              |  |                                       |                                 |   |   |                                |
| Net monthly  | income from a business, p   | rofession, or farm   | \$0.00                                       |  | copy<br>here→                         | \$ <u>0.00</u>                  |   |   |                                |
| 6.Net income   | from rental and other rea   | al property  | Debtor 1                                     | Debtor 2                                       |                                       |                                 |   |   |                                |
| Gross receip   | ots (before all deductions)   |  | \$0.00                                       |  |                                       |                                 |   |   |                                |
| Ordinary an  | d necessary operating exper   | ises   | -\$0.00                                      |  |                                       |                                 |   |   |                                |
| Net monthly  | income from rental or othe  | r real property  | \$0.00                                       |  | copy<br>here→                         | \$0.00                          |   |   |                                |

7. Interest, dividends, and royalties

\$0.00

| Debtor 1 Tequilla Laquan  | Hanks  | Case number (if             | known)   | 19-61565                              |                              |  |
|---|--|-----------------------------|----------|---------------------------------------|------------------------------|--|
| First Name Middle Name  | Last Name  | Column A<br><b>Debtor 1</b> |          | Column B Debtor 2 or non-filing spous | se                           |  |
| 8. Unemployment compensation  Do not enter the amount if you contend that the an under the Social Security Act. Instead, list it here:  |  | \$ <u>0.00</u>              |          |                                       | _                            |  |
| For you   | <u>\$0.00</u>  |                             |          |                                       |                              |  |
| For your spouse   | \$0.00   |                             |          |                                       |                              |  |
| 9. Pension or retirement income. Do not include ar benefit under the Social Security Act. Also, except a do not include any compensation, pension, pay, ar United States Government in connection with a dis disability, or death of a member of the uniformed suretired pay paid under chapter 61 of title 10, then in extent that it does not exceed the amount of retired otherwise be entitled if retired under any provision of that title.  | s stated in the next sentence, inuity, or allowance paid by the ability, combat-related injury or ervices. If you received any clude that pay only to the pay to which you would if title 10 other than chapter 61   | \$ <u>0.00</u>              |          |                                       | _                            |  |
| 10.Income from all other sources not listed above amount. Do not include any benefits received under payments made under the Federal law relating to the payments made under the National Emergencies A respect to the coronavirus disease 2019 (COVID-19 victim of a war crime, a crime against humanity, or terrorism; or compensation, pension, pay, annuity, United States Government in connection with a disability, or death of a member of the uniformed se sources on a separate page and put the total below.   | r the Social Security Act;<br>e national emergency declared<br>tt (50 U.S.C. 1601 et seq.) with<br>0); payments received as a<br>nternational or domestic<br>or allowance paid by the<br>ability, combat-related injury or<br>ervices. If necessary, list other  | 4                           |          |                                       |                              |  |
|   |  |                             |          |                                       | <u></u>                      |  |
| Total amounts from separate pages, if any.  |  | +\$0.00                     | Ī        | +                                     |                              |  |
| Calculate your total current monthly income. each column. Then add the total for Column A to the total for Column A t | , and the second | \$0.00                      | +        |                                       | <u>\$0.00</u>                |  |
| Part 2: Determine Whether the Means Test  | Applies to You   |                             |          |                                       | Total current monthly income |  |
| 12. Calculate your current monthly income for the   | year. Follow these steps:  |                             |          |                                       |                              |  |
| 12a. Copy your total current monthly income from  | line 11.   | (                           | Copy lir | ne 11 here →                          | \$0.00                       |  |
| Multiply by 12 (the number of months in a ye  | ar).   |                             |          |                                       | X 12                         |  |
| 12b. The result is your annual income for this part   | •  |                             |          |                                       | 12b. <u>\$0.00</u>           |  |
| 13 Calculate the median family income that applie   | es to you. Follow these steps:   |                             |          |                                       |                              |  |
| Fill in the state in which you live.  | Georgia  |                             |          |                                       |                              |  |
| Fill in the number of people in your household.   | 1  |                             |          |                                       |                              |  |
| Fill in the median family income for your state and s   |  |                             |          | 13. \$47,953.00                       |                              |  |
| To find a list of applicable median income amounts instructions for this form. This list may also be avail 14. How do the lines compare?  |  |                             |          |                                       |                              |  |
|   | 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3. Do NOT fill out or file Official Form 122A-2   |                             |          |                                       |                              |  |
| 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  Go to Part 3 and fill out Form 122A-2.   |  |                             |          |                                       |                              |  |

|        | Tequilla                 | Laquan                                 | Hanks                 | Case number (if known) 19-61565                  |   |
|--------|--------------------------|--|-----------------------|--|---|
|        | First Name               | Middle Name                            | Last Name             |  |   |
| art 3: | Sign Below               |  |                       |  |   |
|        |                          |  |                       |  |   |
| By si  | gning here, I declare ur | nder penalty of perjury that the infor | rmation on this state | ment and in any attachments is true and correct. |   |
|        |                          | Λ . ~                                  |                       |  |   |
|        |                          | dla Maria                              |                       |  |   |
| 4.0    |                          | Vermila The                            |                       |  |   |
| ×      | /s/ Tequilla Hanks       | Agenda Ha                              | ×                     |  |   |
| _      | /s/ Tequilla Hanks       | Prepula Tow                            | •                     | Signature of Debtor 2                            | _ |
| _      | ignature of Debtor 1     | Proposition Town                       | •                     | Signature of Debtor 2                            | _ |
| S      | •                        | Proposition Town                       | \$                    | Signature of Debtor 2 Date                       | - |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

| IN RE:                 | ) CHAPTER 13                    |
|------------------------|---------------------------------|
|                        | )                               |
| Tequilla Laquan Hanks, | ) CASE NO.: <b>19-61565-SMS</b> |
|                        | )                               |
| Debtor.                | )                               |

#### **CERTIFICATE OF SERVICE**

I hereby certify that I am more than 18 years of age and that I have this day served a copy of the within documents upon the following by depositing a copy of the same in U.S. Mail with sufficient postage affixed thereon to ensure delivery:

Tequilla Laquan Hanks 106 Dove Hill Circle Thomasville, GA 31792

I further certify that, by agreement of parties, Mary Ida Townson, Standing Chapter 13 Trustee, was served via the ECF electronic mail/noticing system.

Dated: November 10, 2020

Araba Kwofie
GA Bar No.: 901621
The Semrad Law Firm, LLC
235 Peachtree St NE
Suite #300
Atlanta, GA 30303
(678) 668-7160
Attorney for the Debtor/Movant

atlcourtdocs@gmail.com

#### **SUPPLEMENTAL MAILING MATRIX**

Army and Air Force Exchange Service
3911 S Walton Walker Bldv
Dallas, Texas 75236

Liberty Mutual
P.O. BOX 8400

Dover, New Hampshire 03821

Tmobile
P.O. BOX 742596
Cincinnati, Ohio 45274

Case 19-61565-sms
Label Matrix for local noticing

113E-1

Case 19-61565-sms Northern District of Georgia

Atlanta Tue Nov 10 11:14:37 EST 2020

Department of Justice, Tax Division

75 Ted Turner Drive SW Civil Trial Section, Southern Atlanta, GA 30303-3315

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The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

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